23rd Congress of the International Society for Burn Injuries (ISBI)



Financial Assistance Application

Please complete and send to office@worldburn.org.

Signature

PERSONAL INFORMATION	
ISBI Membership Number:	
Surname:	First Name:
Title:	
Institution:	
City:	Country:
Email Address:	
Financial Assistance Request	
□ Registration □ Hotel	
For ISBI Staff Use Only	
ISBI Member Physician or PhD (above)	
ISBI Member Non-Physician (above)	
Date of Congress registration: (Needed to calculate p	proper reimbursement)
Financial Assistance Awarded: \$	
Registration: \$	
Hotel: \$	
I	attest that I have received the above finanacial assistance
by the ISBI to attend the 2026 ISBI Congress.	

Date